

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**JUN 4 1935**

**15219**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Richmond Heights Primary Registration District No. 6248H  
 City St. Mary's Hospital (No. St. Mary's Hospital) Registered No. 95  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles Vogler

(a) Residence, No. 4919 Delcor St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Anna Vogler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5<sup>th</sup> 1892  
 7. AGE YEARS 42 MONTHS 3 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonett Glass  
 10. Date deceased last worked at this occupation (month and year) 4-21-35 11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Athens Ill

13. NAME C W Vogler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Susan Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Anna Vogler  
 (ADDRESS) 4919 Delcor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Athens Ill DATE 4-27 1935

19. UNDERTAKER Albert H. Hope Inc.  
 (ADDRESS) 429 72 1/2 Franklin St

20. FILED 4/25 19 35 Delcor Ill  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1926, to Apr. 24, 1935  
 I last saw him alive on Apr. 24, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage retroperitoneal upper posterior quadrant origin undetermined Date of onset Apr. 24 1935

Other contributory causes of importance:  
Myocarditis, chronic 1928  
Pulmonary passive congestion 24hrs.

Names of operation Laparotomy Date of Apr. 24  
 What test confirmed diagnosis? Aspirate Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 so, specify \_\_\_\_\_  
 (Address) 3326 Winance St M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2  
3  
3

From  
3226  
3236